

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90174 010 ***150.00

DOCUMENT # P01000096240

Entity Name
WILLIAMS, LIVINGSTON & ASSOCIATES, P.A.

Principal Place of Business
**130 EAST HILLCREST STREET
 ORLANDO FL 32801**

Mailing Address
**130 EAST HILLCREST STREET
 ORLANDO FL 32801**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
300 South Orange Avenue

3. Mailing Address
300 South Orange Avenue

Suite, Apt. #, etc.
Suite 1500

Suite, Apt. #, etc.
Suite 1500

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
01-0549440

Applied For
 Not Applicable

Zip
32801

Country

Zip
32801

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIVINGSTON, SCOTT A
 130 EAST HILLCREST STREET
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
300 South Orange Avenue
Suite 1500
 City **Orlando** **FL** Zip Code **32801**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Scott A. Livingston, Vice-President**

2/6/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
WILLIAMS, CHARLES E JR.
130 EAST HILLCREST STREET
ORLANDO FL 32801 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
LIVINGSTON, SCOTT A
130 EAST HILLCREST STREET
ORLANDO FL 32801 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
300 South Orange Avenue, Suite 1500
Orlando, FL 32801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
300 South Orange Avenue, Suite 1500
Orlando, FL 32801

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Scott A. Livingston**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 **(407)244-7990**
 Date Daytime Phone #

CR2E034 (9/01)